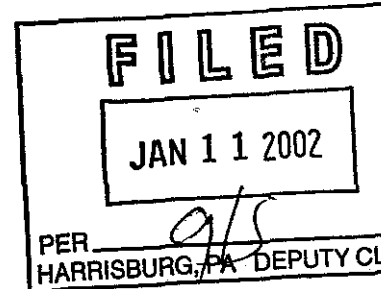


24  
1/14/02

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) <i>[Signature]</i></p> <p>B. Date of Delivery <i>12/14/01</i></p>	
<p>1. Article Addressed to:</p> <p><i>Wayne A. Noel</i> <i>4 N. Queen St.</i> <i>Apt. 8</i> <i>Littletown, PA</i> <i>17340</i></p>		<p>C. Signature <i>X [Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7000 0520 0023 0164 9085</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424



*CV-01-1049*

*order ap*

*12-12-01*

*1071*